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Bib Data Sheet

|                             |  |              |                        |                                       |
|-----------------------------|--|--------------|------------------------|---------------------------------------|
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|-----------------------------|--|--------------|------------------------|---------------------------------------|

## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 03/24/2004

|                                 |  |                              |                        |                       |                            |
|---------------------------------|--|------------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed        | <input type="checkbox"/> yes <input type="checkbox"/> no   | STATE OR<br>COUNTRY<br>ITALY | SHEETS<br>DRAWING<br>8 | TOTAL<br>CLAIMS<br>13 | INDEPENDENT<br>CLAIMS<br>1 |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance |                              |                        |                       |                            |
| Verified and<br>Acknowledged    | Examiner's Signature   | Initials                     |                        |                       |                            |

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## TITLE

Anti-sabotage and anti-theft device for tire inflating valves

|                               |   |  |
|-------------------------------|---|--|
| FILING FEE<br>RECEIVED<br>450 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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